

ARCHITECTURE & ENGINEERING DEPARTMENT

PROJECT: Water Channel – Clean-Up and Rehabilitation – Rancho CucamongaPROJECT MANAGER: Ralph HosniPROJECT #: 50260CONSTRUCTION ESTIMATE: \$60,000BID DATE: January 12, 2005 @ 2:00 p.m.PLAN FEE: \$20.00PREBID DATE: December 15, 2004 @ 9:00 a.m.

9500 Etiwanda Avenue, Rancho Cucamonga

ADDENDUMS
DATES

1	2	3	4	5

PLAN HOLDER		STATUS			
BONADIMAN McCAIN INC.	GENERAL	SUB	SUPPLIER	_____ 1 SET(S) OF PLANS	
280 SOUTH LENA ROAD				_____ 2050886 RECEIPT NO.	
SAN BERNARDINO, CA 92408				_____ \$20.00 TOTAL	
				DATE _____ 12/8/04	
PHONE #909-885-3435					
FAX #909-889-3706 ADD- 1 2 3 4 5				X	
	GENERAL	SUB	SUPPLIER	_____ SET(S) OF PLANS	
				_____ RECEIPT NO.	
				_____ TOTAL	
				DATE _____	
PHONE #					
FAX # ADD 1 2 3 4 5					
	GENERAL	SUB	SUPPLIER	_____ SET(S) OF PLANS	
				_____ RECEIPT NO.	
				_____ TOTAL	
				DATE _____	
PHONE #					
FAX # ADD 1 2 3 4 5					
	GENERAL	SUB	SUPPLIER	_____ SET(S) OF PLANS	
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					_____ TOTAL
					DATE _____
PHONE #					
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		G E N E R A L	S U B	S U P P L I E R	_____ SET(S) OF PLANS
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					_____ TOTAL
					DATE _____
PHONE #					
FAX #	ADD 1 2 3 4 5				
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PHONE #					
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PHONE #					
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		G E N E R A L	S U B	S U P P L I E R	_____ SET(S) OF PLANS
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PHONE #					
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					DATE _____
PHONE #					
FAX #	ADD 1 2 3 4 5				
		G E N E R A L	S U B	S U P P L I E R	_____ SET(S) OF PLANS
					_____ RECEIPT NO.
					_____ TOTAL
					DATE _____
PHONE #					
FAX #	ADD 1 2 3 4 5				

NON-BIDDERS LIST

PLAN HOLDER		STATUS			
		G	S	S	_____ SET(S) OF PLANS

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CMD/DCS	E N E R G Y	U B I L I T Y	U P P L I E R	_____ RECEIPT NO.
2625 MANHATTAN BEACH BLVD., #110				_____ TOTAL
REDONDO BEACH, CA 90278				DATE _____
PHONE # 800-424-3996				CONTACT: Rob Dowd
FAX # 877-509-8463				
ADD-1 2 3 4 5				
F. W. DODGE	G E N E R A L	S U B	S U P P L I E R	_____ SET(S) OF PLANS
720 CARNEGIE DRIVE, SUITE 130				_____ RECEIPT NO.
SAN BERNARDINO, CA 92408				_____ TOTAL
PHONE # 890-9828				DATE _____
FAX # 890-9879				CONTACT: MARILYN DU FRESNE
ADD-1 2 3 4 5				
HI-DESERT PLAN ROOM	G E N E R A L	S U B	S U P P L I E R	_____ SET(S) OF PLANS
15353 ANACAPA RD, SUITE 1				_____ RECEIPT NO.
VICTORVILLE, CA 92392				_____ TOTAL
PHONE #760-243-2111				DATE _____
FAX #760-243-2131				
ADD-1 2 3 4 5				
	G E N E R A L	S U B	S U P P L I E R	_____ SET(S) OF PLANS
				_____ RECEIPT NO.
				_____ TOTAL
				DATE _____
PHONE #				CONTACT:
FAX #				
ADD-1 2 3 4 5				

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					DATE <u> </u>
PHONE #					ATTN: <u> </u>
FAX #	ADD <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>				
		G E N E R A L	S U B	S U P P L I E R	<u> </u> 1 SET(S) OF PLANS
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